

PRE-APPEAL BRIEF REQUEST FOR REVIEW	Docket Number (Optional) 10808/116	
<p>I hereby certify that this correspondence is being electronically deposited pursuant to 37 CFR 1.8(a) with the United States Patent and Trademark Office through the Electronic Filing System, on the below date:</p> <p>On: <u>October 22, 2008</u></p> <p>Signature: <u>/Jasper W. Dockrey, Reg. No. 33,868/</u></p> <p>Typed or printed name: <u>Jasper W. Dockrey</u></p>	Application Number 10/729,882	Filed December 5, 2003
	For: METHOD OF PROCESSING A WORKPIECE, AND A WORK CARRIER, IN PARTICULAR OF POROUS CERAMIC	
	First Named Inventor Werner Kroninger	
	Art Unit 1791	Conf. No. 9196
<p>Applicant requests review of the final rejection in the above-identified application. No amendments are being filed with this request.</p> <p>This request is being filed with a Notice of Appeal.</p> <p>The review is requested for the reason(s) stated on the attached sheet(s). Note: No more than five(5) pages may be provided.</p> <p>I am the:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration number <u>33,868</u>.</p> <p><input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____.</p> </div> <div style="width: 40%; border-top: 1px solid black; padding-top: 5px;"> <p><u>/Jasper W. Dockrey, Reg. No. 33,868/</u> Signature</p> <p><u>Jasper W. Dockrey</u> Typed or Printed Name</p> <p><u>(312) 245-4710</u> Telephone number</p> <p><u>October 22, 2008</u> Date</p> </div> </div> <p>Note: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>		